

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on September 11, 2003.

## **I. DISPUTE**

Whether there should be additional reimbursement for CPT code 97799-CP for dates of service 09/11/02 through 09/23/02.

## **II. FINDINGS**

Per Rule 133.307(d)(1) submitted dates of service August 19, 2002 through September 10, 2002 are outside the jurisdiction of Medical Dispute Resolution as they were not filed within 365-days. Therefore, these dates of service will not be reviewed.

## **III. RATIONALE**

CPT Code 97799-CP for dates of service 09/11/02 through 09/23/02 – Denied as “M – Z436 – Chronic Pain Management” and “F – Z560 - The charge for this procedure exceeds the fee schedule or usual and customary values as established by Ingenix.” The requestor is non-CARF accredited and billed \$150.00 per hour and was reimbursed \$100.00 per hour. Per §133.307(g)(3)(D) and (g)(3)(E) the requestor must submit documentation that discusses, demonstrates, and justifies that the payment amount being sought is a fair and reasonable rate of reimbursement in accordance with §133.1 and §134.1 and prior to submission, any documentation that contains confidential information regarding a person other than the injured employee for that claim or a party in the dispute must be redacted by the party submitting the documentation, to protect the confidential information and the privacy of the individual. Un-redacted information or evidence shall not be considered in resolving the medical fee dispute. The requestor submitted one un-redact EOB; therefore, additional reimbursement is not recommended.

## **IV. DECISION**

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is not entitled to reimbursement for CPT code 97799-CP as the requestor did not provide appropriately redacted EOB's to support the charges were billed at fair and reasonable.

The above Findings and Decision are hereby issued this 03rd day of February 2004.

Marguerite Foster  
Medical Dispute Resolution Officer  
Medical Review Division

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